

Fill in this information to identify the case:

Debtor Name Westchester Neurological Consultant

United States Bankruptcy Court for the: Southern District of New York

Case number: 17-22508

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: September 2018

Date report filed:

11/12/18  
MM / DD / YYYY

Line of business: Medical

NAISC code:

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Sara Soliman

Original signature of responsible party /s/ Sara Soliman

Printed name of responsible party Sara Soliman

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

1. Did the business operate during the entire reporting period?
2. Do you plan to continue to operate the business next month?
3. Have you paid all of your bills on time?
4. Did you pay your employees on time?
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?
6. Have you timely filed your tax returns and paid all of your taxes?
7. Have you timely filed all other required government filings?
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?
9. Have you timely paid all of your insurance premiums?

Yes No N/A

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If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

10. Do you have any bank accounts open other than the DIP accounts?
11. Have you sold any assets other than inventory?
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?
13. Did any insurance company cancel your policy?
14. Did you have any unusual or significant unanticipated expenses?
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?
16. Has anyone made an investment in your business?

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17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☒ ☐

## 2. Summary of Cash Activity for All Accounts

### 19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 43,898.50

### 20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 49,572.57

### 21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 84,766.44

### 22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ (37,283)

### 23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 24,654.63

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

### 24. Total payables

(*Exhibit E*)

\$ 0

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#### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

(Exhibit F)

\$ 250,000

#### 5. Employees

26. What was the number of employees when the case was filed?

27. What is the number of employees as of the date of this monthly report?

1  
1

#### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?

30. How much have you paid this month in other professional fees?

31. How much have you paid in total other professional fees since filing the case?

\$ 0  
\$ 0  
\$ 0  
\$ 0

#### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>100,000</u>	—	\$ <u>49,522.57</u>	=	\$ <u>50,477.43</u>
33. Cash disbursements	\$ <u>80,000</u>	—	\$ <u>86,746.44</u>	=	\$ <u>6,746.44</u>
34. Net cash flow	\$ <u>20,000</u>	—	\$ <u>(37,243.83)</u>	=	\$ <u>57,243.83</u>

35. Total projected cash receipts for the next month:

36. Total projected cash disbursements for the next month:

37. Total projected net cash flow for the next month:

\$ 100,000  
— \$ 80,000  
= \$ 20,000

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## 8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☐ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

# Analyzed Business Checking

Account number: **8075415144** ■ September 1, 2018 - September 30, 2018 ■ Page 1 of 4

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WESTCHESTER NEUROLOGICAL  
CONSULTANT,PC  
DEBTOR IN POSSESSION  
CH 11 CASE #17-22508 (SNY)  
970 N BROADWAY  
YONKERS NY 10701-1309

## Questions?

Available by phone 24 hours a day, 7 days a week:  
**1-800-CALL-WELLS** (1-800-225-5935)

Online: [wellsfargo.com](http://wellsfargo.com)

Write: Wells Fargo Bank, N.A. (348)  
P.O. Box 6995  
Portland, OR 97228-6995

## Account summary

### Analyzed Business Checking

Account number	Beginning balance	Total credits	Total debits	Ending balance
8075415144	\$43,898.50	\$49,522.57	-\$66,766.44	\$26,654.63

## Credits

### Electronic deposits/bank credits

Effective date	Posted date	Amount	Transaction detail
	09/04	105.59	Aetna H09 Hcclaimpmt 1114950136 TRN*1*160829180027617*1066033492\
	09/04	3,851.32	Desktop Check Deposit
	09/06	100.00	Desktop Check Deposit
	09/07	532.36	Aetna H09 Hcclaimpmt 1114950136 TRN*1*160904180085922*1066033492\
	09/10	198.53	Desktop Check Deposit
	09/10	2,917.59	Desktop Check Deposit
	09/11	27,014.93	Deposit Made In A Branch/Store
	09/13	1.64	Nys Doh Hcclaimpmt 03462659 TRN*1*021300078337871*1141797357~
	09/17	521.16	Desktop Check Deposit
	09/17	287.90	Desktop Check Deposit
	09/18	87.26	Aetna AS01 Hcclaimpmt 1114950136 TRN*1*818256520004717*1066033492\
	09/20	85.53	Dfec Treas 310 Misc Pay 092018 xxxxx1502 Westchester Neurologic
	09/20	1,716.11	Desktop Check Deposit
	09/24	25.00	Aetna H09 Hcclaimpmt 1114950136 TRN*1*160919180031195*1066033492\
	09/25	8,596.84	Desktop Check Deposit
	09/27	0.23	Nys Doh Hcclaimpmt 03462659 TRN*1*021300078382116*1141797357~
	09/27	347.89	Aetna H09 Hcclaimpmt 1114950136 TRN*1*160924180041562*1066033492\
	09/27	3,132.69	Desktop Check Deposit
		<b>\$49,522.57</b>	<b>Total electronic deposits/bank credits</b>
		<b>\$49,522.57</b>	<b>Total credits</b>

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## Debits

### Electronic debits/bank debits

Effective date	Posted date	Amount	Transaction detail
09/04		20.00	< Business to Business ACH Debit - The Hartford Pacerpyric 12We Ab2907 12 Wec Ab2907 W/C Premium-
09/07		900.00	Online Transfer to Soliman E Everyday Checking xxxxxx0104 Ref #1b053Zkmg2 on 09/07/18
09/07		468.20	< Business to Business ACH Debit - The Hartford Pacerpyric 12We Ab2907 12 Wec Ab2907 W/C Premium-
09/10		309.70	Bill Pay Metlife- Group Benefits on-Line xxxxxxxx00001 on 09-10
09/10		2,180.31	Bill Pay Emblemhealth on-Line xxxxx01000 on 09-10
09/11		77.98	Client Analysis Srvc Chrg 180910 Svc Chge 0818 000008075415144
09/13		273.13	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		349.45	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		532.06	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		823.08	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		899.50	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		929.60	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		969.05	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		1,186.17	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		1,227.29	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		1,403.68	< Business to Business ACH Debit - Payroll Tax SEP 13 9406045 Westchester Neurologic
09/13		2,821.28	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/13		5,820.64	< Business to Business ACH Debit - Payroll Payroll 180913 9406045 Westchester Neurologic
09/14		6,112.24	< Business to Business ACH Debit - IRS Usatxpymt 091418 227865766044976 Westchester Neurologic
09/27		219.33	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
09/27		505.74	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
09/27		645.42	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
09/27		937.98	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
09/27		992.64	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic

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**Electronic debits/bank debits (continued)**

Effective date	Posted date	Amount	Transaction detail
	09/27	1,066.20	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
	09/27	1,174.82	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
	09/27	1,227.27	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
	09/27	1,641.27	< Business to Business ACH Debit - Payroll Tax SEP 27 9406045 Westchester Neurologic
	09/27	2,823.13	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
	09/27	2,877.41	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
	09/27	5,820.63	< Business to Business ACH Debit - Payroll Payroll 180927 9406045 Westchester Neurologic
	09/28	7,110.26	< Business to Business ACH Debit - IRS Usatxpymt 092818 227867166033560 Westchester Neurologic
		<b>\$54,345.46</b>	<b>Total electronic debits/bank debits</b>

< **Business to Business ACH:** If this is a business account, this transaction has a return time frame of one business day from post date. This time frame does not apply to consumer accounts.

**Checks paid**

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
1088	4,944.45	09/04	1090	760.00	09/10	1092	5,000.00	09/11
1089	1,500.00	09/07	1091	216.53	09/27			
			<b>\$12,420.98</b>	<b>Total checks paid</b>				
			<b>\$66,766.44</b>	<b>Total debits</b>				

**Daily ledger balance summary**

Date	Balance	Date	Balance	Date	Balance
08/31	43,898.50	09/11	62,458.18	09/20	41,810.61
09/04	42,890.96	09/13	45,224.89	09/24	41,835.61
09/06	42,990.96	09/14	39,112.65	09/25	50,432.45
09/07	40,655.12	09/17	39,921.71	09/27	33,764.89
09/10	40,521.23	09/18	40,008.97	09/28	26,654.63
<b>Average daily ledger balance</b>		<b>\$41,801.51</b>			



**IMPORTANT ACCOUNT INFORMATION**

**A reminder...**

You can request to close your account at any time if the account is in good standing (e.g. does not have a negative balance or restrictions such as holds on funds, legal order holds or court blocks on the account). At the time of your request, we will assist you in withdrawing or transferring any remaining funds, bringing your account balance to zero.

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- All outstanding items need to be processed and posted to your account before your request to close otherwise they will be returned unpaid.

- Any recurring payments or withdrawals from your account need to be cancelled before your request to close (examples include bill payments, automated debit card payments, and direct deposits) otherwise, they may be returned unpaid.

- We will not be liable for any loss or damage that may result from not honoring items that are presented or received after your account is closed.

- At the time of your request to close:

-- For interest-earning accounts, it stops earning interest from the date you request to close your account.

-- Overdraft Protection and/or Debit Card Overdraft Service will be removed on the date you request to close your account.

-- The Agreement continues to apply.

- If you have requested to close your account and a positive balance remains, we may send you a check for the remaining balance.

- All other aspects of the Agreement remain the same. If there is a conflict between the updated language above and the Agreement, the updated language will control.

Thank you for being a Wells Fargo customer. As a valued Wells Fargo customer, we hope you find this information helpful. If you have questions or concerns, please contact your local banker or call the number listed on your statement.

NOTICE: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery PO Box 5058 Portland, OR. 97208-5058. You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.



